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09/749281

Application or Docket Number

Effective October 1, 2000											,	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
ТО	TAL CLAIMS		150				RAT	Έ	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS			/50 minus 20=		· 130		X\$:) =		OR	X\$18=	2340
INDEPENDENT CLAIMS			& min	us 3 =	• 5		X40=			OR	X80=	400
ΜU	LTIPLE DEPEN	DENT CLAIM P	RESENT	SENT			+13	 5-		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL			1	3450.
CLAIMS AS AMENDED - PART II							101	~ L		OR	OTHER	
	Ci	(Column 1)		(Colu	mn 2)	(Column 3)	SMA	LL!	ENTITY	OR	SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RA	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=	X\$:	9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***		=	X40)=	-	OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	T CLAIM		+13	5=		OR	+270=	-
								OTAL			TOTAL ADDIT. FEE	
		(Column 1) (Column 2) (Column 3)						FEE	<u></u>		ADUIT. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RA ⁻	 ΓΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENDMENT	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***		=	X40)=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	5=		OR	+270=	
								OTAL FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)							FEE	<u></u>	•	AUDII. FEE	
ENTC	1-9	CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RA	ſΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
MEN	Independent	*	Minus	***	<u> </u>	<u> -</u>	X40)=		OR	X80=	
	FIRST PRESENTATION OF MIDETIPLE DEPENDENT CEANS						J +13	5-			+270=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							OTAL		OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										<u></u>		

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 Application or Docket Number										nber			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYPE	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							RAT	E	FEE]	RATE	FEE	1
FOR			NUMBER FILED NUMBE			BER EXTRA	BASIC	BASIC FEE 370.00			BASIC FEE	740.00	1
TOTAL CHARGEABLE CLAIMS			minus 20= *				X\$ 9	X\$ 9=		OR	X\$18=		1
INDEPENDENT CLAIMS			minus 3 = *				X42=		ļ	OR	X84=		1
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT				+140=		OR	+280=	<u> </u>	1	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	column 2	TOT/	AL.		OR	TOTAL		1
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								ENTITY	OR	OTHER SMALL I		1	
AMENDMENT A	7.1	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	EST BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 72	Minus	* 15	0	=	X\$ 9	=		OR	X\$18=		
	Independent	* 5	Minus	*** 8		=	X42:	-		OR	X84=		1
<	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		+3/40	_		OR	+2 80=	•	1
			4			TO				TOTAL	y ge****	ł	
		(0 - 1 4)		(Colun	ADDIT. F	EE		OH ADDIT FEE			1		
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER OUSLY	(Column 3) PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	· 72	Minus	** /5	50	= .	X\$ 9	=		OR	X\$18=		ŀ
ME	Independent,	* 5	Minus	*** >	CLAIM	=	X42=			OR	X84=	<u> </u>	ŀ
		NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM	اـــاـــا	+140:	=		QR	+280=		
						TOT ADDIT. F			OR ,	TOTAL ADDIT, PEE			
		(Column 1)		(Colum	n 2)	(Column 3)	.,.22						
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		ĺ	OR	X\$18=		
			Minus	***		=	X42=	, 1		OR	X84=		
4 ∫	FIRST PRESEN	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM			+			1280-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								DR L	+280= TOTAL				
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													